

# CITY OF BENTON



## Mayor's Youth Advisory Council Application

Please complete this application in its entirety and return to the  
Benton High School Principal's Office, Jr. High School Principal's Office, or City of Benton Mayor's  
Office by Monday, April 20, 2015

You will be contacted to schedule your interview time.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Text Availability (circle one)    yes  
no

Email Address: \_\_\_\_\_ School: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please answer the following questions. You may use additional paper if necessary.

1. List your current obligations, interests and activities (job, hobbies, organizations, clubs, sports, positions held.)
2. What are three issues in the community which are important to you, your friends, and your family?
3. Why do you want to serve on the MYAC and what do you hope to learn by serving?
4. How do you think the MYAC can become a more powerful force in representing the youth of our community?
5. What personal skills and characteristics do you possess that would make you a good representative for this council?
6. Are you willing and available to attend the regularly scheduled MYAC meetings twice a month on the 1<sup>st</sup> and 3<sup>rd</sup> Monday of each month from 5:30 P.M. – 6:30 P.M.?

7. Do you have time and the desire to serve on volunteer community projects and/or special committee projects approximately 4-6 hours/month throughout the year?

*Each applicant must have one adult reference and one youth peer reference, both of which must be non-relatives.  
Reference forms are attached.*

### **REFERENCE #1/ADULT**

City of Benton Mayor's Youth Advisory Council

- Reference: Please include the following information  
about yourself so we may contact you if necessary. Thank you.

Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or Cell Phone #: \_\_\_\_\_

1. How long have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. What is your relationship to the applicant?
  
  
  
  
  
  
  
  
  
  
3. Do you feel the applicant is dependable?
  
  
  
  
  
  
  
  
  
  
4. Why would you recommend the applicant for this position?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: Person completing this reference must place the reference in a sealed envelope and return by mail to the following address no later than Monday, April 20, 2015. Thank you.

Mayor's Youth Advisory Council  
Attention: Leigha Jones  
P.O. Box 607  
Benton, AR 72018

**REFERENCE #2/YOUTH PEER**

City of Benton Mayor's Youth Advisory Council

- Reference: Please include the following information about yourself so we may contact you if necessary. Thank you.

Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or Cell Phone #: \_\_\_\_\_

5. How long have you known the applicant?

6. What is your relationship to the applicant?

7. Do you feel the applicant is dependable?

8. Why would you recommend the applicant for this position?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: Person completing this reference must place the reference in a sealed envelope and return by mail to the following address no later than Monday, April 20, 2015. Thank you.

Mayor's Youth Advisory Council  
Attention: Leigha Jones  
P.O. Box 607  
Benton, AR 72018